

# Nutrition and WIC Update

## *Mary Washburn Receives NWA Leadership Award*

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Mary Washburn, the Nutrition Services Coordinator and Breastfeeding Coordinator in the BCYF, Nutrition and WIC Services Section, has received the National WIC Association's Leadership Award. The award was presented at the National WIC Association's 2005 Annual meeting in St. Louis. Four awards were presented. Mary was recognized for her professional contributions at the state and regional level. Mary has worked for the WIC program since 1985 and before that worked for 20 years as a dietitian in the clinical setting. She has been a tireless leader and advocate for breastfeeding and was instrumental in establishing a lactation room in the Curtis State Office Building. Mary is active in the Kaw Area Breastfeeding Coalition and is the Kansas representative to the Association of State and Territorial Public Health Nutrition Directors. Mary has been a mentor to WIC nutritionists throughout Kansas and has had a great influence on the quality of nutrition services provided to Kansans. Other recipients of the 2005 Leadership award were Anita Owen of Scottsdale Arizona, an early pioneer in the WIC program; Gotham, Inc., of New York, New York, the creators of an outstanding advertising campaign for the WIC Program; and Gayle Shockey-Hoxter of Riverside, California, the Program Chief of the Riverside County Community Health Agency. KDHE is very proud of Mary, the first person from Kansas to receive this prestigious award.



*Mary Washburn, at NWA National Conference  
Picture by Roger Lewis*

## *Use of KWIC Equipment*

*Mary Ann Gabel, Program Consultant*

In preparing for the KWIC automation system, Nutrition & WIC Services, through a USDA grant, spent thousands of dollars to acquire the equipment necessary to enable each WIC agency to function under the new automation system. While the equipment has been assigned to each agency, we wish to remind you that the equipment remains the property of KDHE-NWS.

Local agencies are responsible for the care and safety of the equipment. Only health department program staff (or agency IT personnel) should be permitted to have access to or use of computers and printers and other equipment. Remember to take care in using the equipment, especially portable equipment such as laptop computers and traveling printers. Refrain from having food or drinks too close to the equipment. The better we care for our tools, the longer they will last!

## Breastfeeding Peer Counselor Program Starts in Kansas Counties

Mary Washburn, State Breastfeeding Coordinator

Martha Hagen, State BFPC Coordinator



Congress provided WIC with special funding to develop and implement a Breastfeeding Peer Counselor Program. USDA contracted with Best Start Social Marketing to develop a research-based Breastfeeding Peer Counselor (BFPC) training program.

BFPC are women in the community with personal breastfeeding experience who provide information and support to WIC mothers. BFPC are available to WIC clients both inside and outside usual clinic hours and the WIC clinic environment. BFPC are current or previous WIC clients, have an enthusiasm for breastfeeding, and share a similar ethnic background with the clients they serve.

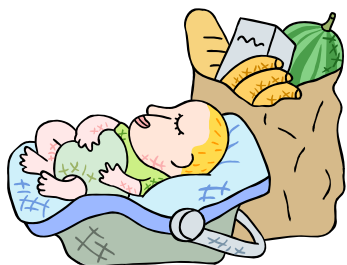
BFPC work from their homes providing telephone contacts, making clinic visits and hospital visits outside of normal WIC clinic hours. Contacts occur once a month during the early months of pregnancy and more frequently as the due date approaches. After delivery, contacts occur every two to three days in the first critical postpartum week followed by weekly contacts throughout the rest of the first month. Late in the postpartum period, monthly contacts occur with more frequent contacts before the mother returns to work or school.

The use of peer counselors has been shown to be successful in increasing breastfeeding initiation and duration in the WIC population. Peer counselor support makes breastfeeding less intimidating and mothers report improved confidence in their ability to breastfeed. Texas WIC has been tracking breastfeeding rates in their local clinics since 1990. Texas found significant improvements in rates in urban areas such as Houston, and in more rural areas.

On May 11-12 a total of 13 BFPC and their supervisors from 10 Kansas clinics were trained. Those clinics are Shawnee, Douglas, Johnson, Wyandotte, Crawford, Lyon (and Chase), Sheridan, Reno, Greeley (Hamilton, Wichita and Wallace), and Butler counties. Several of the counselors are Hispanic and bilingual which is a wonderful addition to the WIC program.

We have received funding to continue the peer counselor program for FFY 2006 and anticipate funding through FFY 2009. In the past, lack of funding has been a barrier to implementing and sustaining BFPC programs. Additional counties are encouraged to apply for BFPC program funding for 2006.

**Welcome all BFPC. You provide an important service to aid staff in increasing breastfeeding initiation and duration rates in Kansas.**



### WIC At a Glance

Current information as of May 2005

(Summarized on June 8, 2005)

Statewide Participating Caseload: 68,100 clients

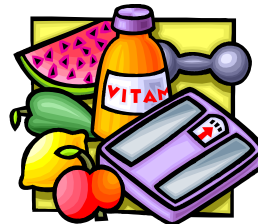
Food Dollars Spent for the Month (approximate): \$3,500,000

## *Non-dieters More Successful at Boosting Health Than Dieters*

*Pat Dunavan, Nutrition Education Specialist*

Obese women are more successful in achieving behavior change and self-acceptance with long-term health improvements according to a two-year study conducted by the University of California, Davis. The findings suggest that significant improvements in overall health can be made, regardless of weight loss, when women learn to recognize and follow internal hunger cues and begin feeling better about their size and shape. The study appears in the June 2005 issue of the Journal of the American Dietetic Association.

Obesity is associated with a number of serious health problems, including heart disease, diabetes, stroke and some cancers. To avoid such medical complications, health professionals have encouraged their obese patients to lose weight. But dieting has proven unsuccessful in the long run. Initial weight loss is often followed by a return to the original weight with no improvements in health such as blood pressure or cholesterol levels. Approximately 90-95 percent of dieters are unable to maintain their weight loss on traditional diet regimes.



Some nutrition professionals have been looking for more effective ways of dealing with the health risks. One model is called Health at Every Size. Rather than focusing on calorie counting, this approach encourages obese individuals to not monitor how much food they eat, but train oneself to pay attention to internal body cues that signal hunger and fullness and to be physically active.

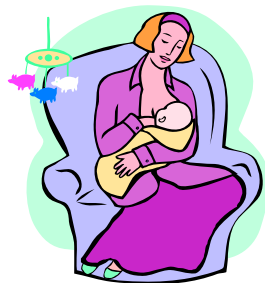
The California study, funded by the National Institutes of Health and the National Science Foundation, was a randomized clinical trial, using obese women between age 30 and 45. For six months, half of the women participated in a traditional diet and weight loss program with social support, nutrition guidance to moderately restrict calories, information on how to count calories and fat, read food labels and shop, maintain food diaries, and monitor their weight. They were also given information on the benefits of exercise and behavioral strategies to support successful dieting. The other women were instructed to let go of restrictive eating habits and not weigh themselves; were counseled to eat according to their natural appetites; given standard nutritional information about healthful foods; and participated in a support group designed to help them become more accepting of their large bodies, develop a positive self image, and enjoy their bodies. After six months of weekly group interventions with both groups, they were followed monthly thereafter.

The study showed that while the dieting group had initially lost weight, participants had regained almost all of it two years later, while the non-dieters' weights had remained stable. Both groups had initially lowered their systolic blood pressure but it had rebounded among the dieters, while the non-dieters had sustained their improvements. The dieters showed no change in their total cholesterol or LDL cholesterol, while the non-dieters had significantly decreased theirs by the end of the study.

The dieting group, which had significantly increased their physical activity right after the treatment period, had returned to their initial levels by the end of the study. There was also nearly 200 percent more bulimia and eating disorders among the dieters compared to the non-dieters. The dieters' self-esteem and depression had also significantly worsened, based upon standardized tests. The non-dieting group however, showed great improvements in their self-esteem and experienced less depression. They also showed more normal relationships with food, less eating restraint, and feelings of hunger. The non-dieting group nearly quadrupled their moderate physical activity levels by the end of the study.

In summary, while the non-dieters did not lose weight, they succeeded in improving their overall health, as measured by cholesterol levels, blood pressure, physical activity, and self-esteem. The dieters were unable to sustain any of their short-term improvements they experienced and worsened in terms of each one's self-esteem.

## *Certified Breastfeeding Educator Program In May*



The State WIC Agency is pleased with the results of the Certified Breastfeeding Educator (CBE) training held in Wichita in May. A total of 100 new CBE certifications were awarded plus onerecertification. The State Agency wishes to congratulate the following WIC staff that received certification:

Victoria Avelar, Sedgwick Co. WIC  
 Terri Bruce, Sedgwick Co. WIC  
 Sheryll Clarke, Sedgwick Co. WIC  
 Emily Cowen (Walker), Sedgwick Co. WIC  
 Ugo Ejibe, Sedgwick County WIC  
 Ashley Hogan, Sedgwick Co. WIC  
 Cheryl Jones, Chase Co. WIC  
 Melodie Kelsey, Sedgwick Co. WIC  
 Barbara Laqua, Sedgwick Co. WIC  
 Susan Lieb, Sedgwick Co. WIC  
 Kathy Nichols, Sedgwick Co. WIC  
 Humda Reali, Sedgwick Co. WIC  
 Trish Reid, Sedgwick Co. WIC  
 Elaine Tallman, Sedgwick Co. WIC  
 Karen Vitela, Sedgwick Co. WIC  
 Patricia Dunavan, State WIC Office

Cynthia Brown, Sedgwick Co. WIC  
 Michelle Cardona, Sedgwick Co. WIC  
 Beth Collins, Sedgwick Co. WIC  
 Karen T. Ediger, McPherson Co WIC  
 Cheryl Goetz, Gove Co. WIC  
 Jeanette L. Hysom, Ellsworth Co. WIC  
 Anne Keller, Johnson Co. WIC  
 Cyndi King, Sedgwick Co. WIC  
 Sandi Lewis (Unruh), Sedgwick Co. WIC  
 Holly M. Moore, Butler Co. WIC  
 Marcia Nordstrom, Sedgwick Co. WIC  
 Sandi Reichenberger, Sedgwick Co. WIC  
 Ana Rodriguez, Sedgwick Co. WIC  
 Bridget Thomason, Sedgwick Co. WIC  
 Martha Hagen, State WIC Office

## *Check This Out !*

*Pat Dunavan, Nutrition Education Specialist*

This month we offer a variety of Web sites that provide tools for the nutrition educator to use. Check these out to boost your nutrition education efforts.



- [www.diabetes.org/dabetesphd](http://www.diabetes.org/dabetesphd)--This site launched by the American Diabetes Association provides a way for people with diabetes or the risk of diabetes to determine their health risk. Information regarding alternatives in diabetes care are also provided.
- Need to do nutrient analysis of a recipe or a day's menu? Then check out the Nutrition Analysis Tools and System Web site at <http://nat.crgq.com/suggest.html>. Just fill in the blanks and it will display the nutrient analysis.
- The amount of information about obesity is at an all-time high. Now you can go to one site to find links to some of the latest research regarding obesity. Check the Centers for Disease Control (CDC) Web site: <http://www.cdc.gov/doc.do/id/0900f3ec803207fd>.
- Do you work with a variety of maternal and child programs? Check out the new MCH Library located at <http://www.mchlibrary.info>. It provides newsletters, updated research, and resources to address all maternal and child health issues.

## *Nutrition Risk Factor Update-Infants Born to a Woman at Risk*

*Sandy Perkins, Maternal and Child Nutrition Consultant*



The definitions for three infant risk factors are based on the birth mother. The risk factors are Infant Born to a Woman with Mental Retardation; Infant Born to a Woman who Abused Alcohol or Drugs; and Infant Born to a WIC Eligible Woman.

### Infant Born to a Woman with Mental Retardation

The Merck Manual (1) defines mental retardation as significantly subaverage intellectual functioning present from birth or early infancy, causing limitations in the ability to conduct normal activities of daily living. An infant is considered at risk if it was born to a woman with mental retardation since cognitive limitation in a parent or primary caregiver is a risk factor for failure to thrive (FTT) as well as for abuse and neglect. The mentally retarded caregiver may not exhibit the necessary parenting skills to promote beneficial feeding interactions with the infant (2,3). A physician, psychologist, or someone working under physician's orders must have diagnosed the woman as mentally retarded, but the condition may be self-reported by the client or caregiver. Mental retardation is not a specific medical disorder like pneumonia or strep throat. Therefore, in practice, this risk factor may be assigned infrequently because the diagnosis is not available either because the condition was not diagnosed or the client is not able to self-report the diagnosis. The diagnosis may be documented in either the infant's or mother's WIC record.

### Infant Born to a Woman who abused Alcohol or Drugs

Maternal mental illnesses such as severe depression and maternal chemical dependency also represent social risk factors for FTT. Chemical dependency is also strongly associated with abuse and neglect. In 22 states, 90 percent of caregivers reported for child abuse are active substance abusers (4). All of these maternal conditions may contribute to a lack of synchrony between the infant and mother during feeding and therefore interfere with the infant's growth process. Nutrient intake depends on the synchronization of maternal and infant behaviors involved in feeding interactions (3, 5). The risk factor may be assigned to the infant based on the mother's self-report of any alcohol or illegal drug use during the pregnancy. The alcohol or drug use may be documented in either the infant's or the mother's WIC record.

### Infant Born to a WIC Eligible Woman

The risk factor "Infant Born to a WIC Eligible Woman" can be assigned to an infant less than six months old whose mother was a WIC Program participant during pregnancy, or whose mother was at nutritional risk during pregnancy. WIC participation during pregnancy is associated with improved pregnancy outcomes. An infant whose mother was on WIC during pregnancy may regress to a state of elevated risk for nutrition related health problems if WIC services are not provided. Infants whose mother was at medical/nutritional risk during pregnancy, but did not receive WIC services, may also be thought of as a group at elevated risk for morbidity and mortality in the infant period (6, 7). WIC participation should be documented by the mother's WIC record. The mother's nutritional risk during pregnancy may be documented in either the infant's or the mother's WIC record.

1. Beers MH (Editor). Mental Retardation. In The Merck Manual of Medical Information—Second Home Edition, On-Line Version. 2005. Available: <http://www.merck.com/mmhe/sec23/ch285/ch285a.html>
2. Accardo PJ, Whitman BY. Children of mentally retarded parents. Am.J.Dis.Child 1990;144:69-70.
3. Grand RJ, Sutphen JL, Dietz WH. Pediatric nutrition theory and practice. Boston: Butterworths, 1987.
4. McCullough C. The Child Welfare Response. In: The Future of Children. California: The David and Lucile Packard Foundation; 1991;1;(1):61-71.



### *Nutrition Risk Factor (Continued)*

5. Pollitt E, Wirtz S. Mother-infant feeding interaction and weight gain in the first month of life. J.Am.Diet.Assoc. 1981;78:596-601.
6. Disbrow DD. The costs and benefits of nutrition services: a literature review. J.Am.Diet.Assoc. 1989;89:S3-66.
7. Ryan AS, Martinez GA, Malec DJ. The effect of the WIC program on nutrient intakes of infants, 1984. Med.Anthropol. 1985;9:153-72.

### *KWIC News*

*Roger Lewis, KWIC Project Manager*

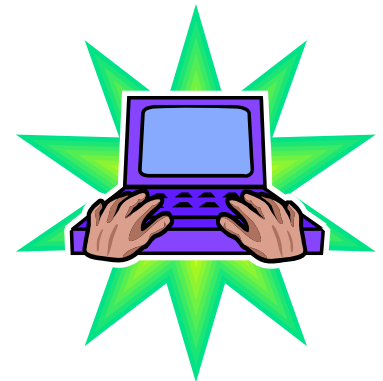
Testing began on the new release of Client Services the week of June 20. The changes include:

- Cleaning up all aspects of the transfer process.
- Cleaning up all aspects of the Pre Cert process.
- Retaining proofs, measures, and ATOD information for subsequent actions.
- Improve your ability to navigate the system.
- Make it easier to tell what remains to be done in a number of areas, i.e. certification.
- Cleaning up dual participation problems.

A change from the last update is that the fix for the connection and printing problems related to the Citrix software will not be in this version. That change has proven to be more difficult to deal with than first thought. It remains a high priority with investigation continuing for the best solution.

Six volunteers from the clinics and most of the state WIC staff will be involved in this testing with the new version expected to be ready for use in August or September. It will then be piloted in one clinic before the rollout to the rest of the state.

**KWIC Equipment:** Several problems with the check printers in recent months have been traced to the toner cartridges. Effective June 15 the state has switched back to the original manufacturer for all cartridges. The change should reduce the amount of time clinic staff spend dealing with the printers.



## *Local and State Agency News*

### **We welcome these new WIC employees:**

Barton County: Zenaida Vasquez, Clerk  
Butler County: Barb Roths, RD  
Cloud County: Doris Bergstrom, Clerk  
Gove County: Kay Riedel, RD  
Harper County: Margaret Slaughter, Clerk  
Harvey County: Trish Schimming, RD  
Hodgeman County: Jenette Barnett, RN  
Johnson County: Sonia Lopez, Clerk  
Kingman County: Shawna McDonald, Receptionist  
Reno County: Jillian Miller, Breastfeeding Peer Counselor  
Sedgwick County: Cynthia Brown, Clerk  
Shawnee County: Audra Lowman, RN



### **We say farewell to these WIC friends:**

Barton County: Kathy Herman, Clerk  
Cloud County: Leslie Winkle, Clerk  
Cloud County: Marcia Jensen, Clerk  
Harper County: Sarah Hutchings, Clerk

We welcome to the State WIC Office Sandi Fry, new Vendor Manager.

Congratulations to Michelle Dirks from Scott County on her recent marriage and name change to Michelle Koehn.

On June 27, WIC services returned to Seward County. Services had not been provided in the county since 1999. The Seward County Health Department began providing WIC at the Health Department in Liberal, with new staff and a remodeled facility. State Agency staff came to Liberal on June 20 to provide a week of KWIC training and policy review. On Monday, June 27, the first WIC clients were transferred into the new agency. By the end of the first day, 71 new and transferred clients had received checks and appointments. By Friday, July 1, the number of clients had risen to over 400.

New staff include: Tiffani Pothuisje, WIC Coordinator; Tonya Warren, Irene Martinez, Maria Monarca, Susan Lukwago, Tina Ortiz, and Laura Mares. Welcome to all of these dedicated staff.

We wish to thank the staff of the Southwest Kansas WIC agency for providing services for Seward County residents for the past six years. Their assistance has been invaluable to the residents of Seward County.

## Nutrition and WIC Services

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Nutrition and WIC Services  
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Topeka, Kansas 66612, 1274

Phone: 785-296-1320  
Fax: 785-296-1326

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WE'RE ON THE WEB!

[WWW.KDHE.STATE.KS.US/NWS-WIC](http://WWW.KDHE.STATE.KS.US/NWS-WIC)

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Growing healthy Kansas families

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